DECLARATION FOR UTILITY OR

DESIGN

PATENT APPLICATION

Eric Juntwait

COMPLETE IF KNOWN

Attorney Docket Number

First Named Inventor

(37 CFI	R 1.63)	Application Num	ber							
_	·	Filing Date								
Submitted OR	Declaration Submitted after Initial	Group Art Unit								
with Initial Filing	Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name								
As a below named invent	tor, I hereby declare that:		•							
My residence, post office address, and citizenship are as stated below next to my name.										
names are listed below) of	first and sole inventor (if only of the subject matter which is cla	simed and for which a oat	tent is sought on	the invention entitle	ea:					
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the specification of which is attached hereto OR	.									
was filed on (MM/DD/YYYY) as United States Application Number or PCT International										
Application Number and was amended on (MM/DD/YYYY) (if applicable).										
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.										
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.										
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy YES	y Attached? NO					
reminer(a)			0000		0000					
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.										
	Application Number(s) Filing Date (MM/DD/YYYY)									
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[Page 1 of 2] Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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U.S. Parent Application or PCT Parent Number Parent Filing Date (MM/DOYYYY) Parent Patent Num (If applicable)	United States o	r PCT Ind	cender 35 U.S.C. Bisled below an errational applica erial to patentable reternational liling	out at the	ned to 37 CF	es applicat I matter of decity the R 1.56 whi	ion(s), or 36: if each of the first paragra ich became e	S(c) of any PC e claims of th ph of 35 U.S.C realishie betw	l'internati le applicat à 112, i ac seri the fil	onel ap on is n december on deale	plication des at disclosed adge the duty a of the prio	ionating the in the prior to disclose application
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Address Name 25859 PATENT TRADEMARK OFFICE Customer i or Bar Cod Name 25859 PATENT TRADEMARK OFFICE PATENT TRADEMARK OFFICE City State ZIP Country Telephone Thereby declare that all statements made herein of my own knowledge are true and that all statements made on information and be referred to be true; and further that these statements were made with the knowledge that with false statements and the like so my patent issued thereon, or both, tender 18 U.S.C. 1001 and that such with false statements may jougardisc the value thereon of my own knowledge that with false statements and the like so my patent issued thereon. Name of Sole or First Inventor: Given Name (first and middle [if any]) Family Name or Sumame Firic Inventor's Signature Residence: City Harrisburg State PA Country U.S.A. Chizenskip Tenderskip Tenderskip	:	Kame	1	_ 	م مت معد					<u></u>	Regi	ctration
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City Santa Clara State CA 200 95050 Country U.S.A. Additional Inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached	City S	Santa	Clara	State								

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ADDITIONAL INVENTOR(S) Supplemental Sheet Page _1_ of _1

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor										
Given Na	me (first and middle (if any	1)				Family Na	me or S	Surname		
David	F.					Given	s			
inventor's Signature	Harid ,	£.)	lier	~_	~			Date	þ	1/21/02
Residence: City	Harrisburg	State	PA	1	ountry	U.S.A		Citizensh	ip	USA
Post Office Address	1650 Memorex	Drive	9							
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Name of Addition	nal Joint Inventor, if an	ıy:			A petitio	n has been file	d for th	is unsigne	ed inv	ventor
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